

# Direct Deposit Agreement Form

S/C: \_\_\_\_\_

Automatic Deposit of Your Earnings

Employee ID: \_\_\_\_\_

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## Agreement

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I hereby authorize The Burnett Companies Consolidated, Inc. ("COMPANY") to initiate automatic deposits to my account(s) at the financial institution named below. I also authorize COMPANY to make withdrawals from my account(s) in the event a deposit is made in error. In the event I do not provide checking account, saving account or debit card information, I understand COMPANY will issue me a Global Pay card for making payroll deposits. Further, I agree not to hold COMPANY responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to any error on the part of my financial institution in depositing funds to my account(s). This agreement will remain in effect until COMPANY receives a written notice from me or my financial institution, or until I submit a new direct deposit form to COMPANY. I agree it is my responsibility to notify COMPANY of any changes to or closure of my account(s) and that failure to notify COMPANY can result in loss of any deposit to such account(s). I understand that deposits of my funds may be delayed beyond two days upon occasions. I understand COMPANY will not pay for returned check charges. I understand that my paystubs are available to me over the Internet and that my W-2 may be made available to me over the Internet.

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## Account Information

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**Bank Account Information**      Account Type:  Checking     Savings

ABA/Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Deposit Amount: \$\_\_\_\_\_ or  All

**Global Paycard Info**    Global Paycard #: \_\_\_\_\_ Deposit Amount: \$\_\_\_\_\_ or  All

Deposit my Expense Checks  Yes     No

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**Bank Account Information - Account 2**      Account Type:  Checking     Savings

ABA/Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Deposit Amount: \$\_\_\_\_\_ or  All

Social Security # \_\_\_\_\_

Name (please print) \_\_\_\_\_

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If possible, please attach a voided check for each bank account listed above or other information from your bank.